



South Dakota Board of Nursing
Unlicensed Assistive Personnel
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

South Dakota Certified Nurse Aide (CNA) Registry By Interstate Endorsement

****Eligible ONLY if you are actively listed on another state's nurse aide registry. ****

Application Instructions Checklist:

All information should be printed clearly. It is your responsibility to submit the required forms.

- ☐ Complete Section A-1 (*nurse aide will complete this section*).
 - ❖ Once the nurse aide has completed A-1, submit application (page 3) to the South Dakota Board of Nursing.
- ☐ Complete Section A-2 (*nurse aide will complete this section*).
- ☐ Send Section A-2 & A-3 (page 4) to the state where you were **first** registered as a Nurse Aide.
 - ❖ A list of Nurse Aide Registries is listed on page 2 of the endorsement application packet.
 - ❖ **EXCEPTIONS:** If **Arizona, California, Colorado, Illinois, Michigan, Missouri, New York, or North Carolina** is your **original** state of CNA Registry, please send sections A-1, A-2, & A-3 directly to the South Dakota Registry.
- ☐ Complete section A-4 (*nurse aide will complete this section*).
- ☐ Send section A-4 & A-5 (page 5) to your previous employer.
 - ❖ Once employer has completed A-5, submit application (page 5) to the South Dakota Board of Nursing.

Please check with the registry in the state where you were first registered, because they may require a processing fee.

There is **NO** processing fee for the South Dakota Registry.

Please Note: *Once your application has been processed and approved, no card will be mailed from the SD Board of Nursing CNA Registry.*

To verify or print your registration card, use the following website:

<https://www.sduap.org/verify/>

NATIONAL DIRECTORY OF NURSE AIDE REGISTRIES

ALABAMA

Alabama CNA Registry
AL Dept. of Public Health
201 Monroe Street, Suite 700
Montgomery, AL 36104

ALASKA

Alaska Nurse Aide Registry
550 W. 7th Ave, Suite 1500
Anchorage, AK 99501-3567

ARIZONA

Send to South Dakota

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

ARKANSAS

AR Dept. of Human Services
Office of Long-Term Care
P.O. Box 8059, Slot S405
Little Rock, AR 72203-8059

CALIFORNIA

Send to South Dakota

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

COLORADO

Send to South Dakota

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

CONNECTICUT

Dept. of Public Health &
Svcs. 410 Capitol Av.,
MS #12MQA
P.O. Box 340308
Hartford, CT 06134-0308

DELAWARE

Health Facilities Lic. & Certif.
Div. of Long Term Care
3 Mill Road, Suite 308
Wilmington, DE 19806

DISTRICT OF COLUMBIA

ASI, Dist. of Columbia NA
Registry.
3 Bala Plaza West
Philadelphia, PA 19101

FLORIDA

Florida Dept. of Health
Div. of Medical Quality
Assurance
CNA Registry
4052 Bald Cypress Way,
BIN C-13
Tallahassee, FL 32399-3263

GEORGIA

Nurse Aide Program
P. O. Box 105753
Atlanta, GA 30348

HAWAII

Hawaii Nurse Aide Reg.
American Red Cross
4155 Diamond Head Road
Honolulu, HI 96816-4417

IDAHO

ID Board of Nursing
PO Box 83720
Boise, ID 83720

ILLINOIS

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4305 South Louise, Suite 201
Sioux Falls, SD 57106

INDIANA

Indiana State Department of Health
Division of Long-Term Care
2 North Meridian St, RM 4B
Indianapolis, IN 46204

IOWA

Direct Care Worker Registry
Division of Health Facilities
Dept. of Inspections & Appeals
Lucas State Office Bldg.
321 E 12th Street-3rd Floor
Des Moines, IA 50319

KANSAS

Kansas Dept. of Health
1000 SW Jackson, Suite 330
Topeka, KS 66612-1365

KENTUCKY

KY Nurse Aide Registry
312 Whittington Pkwy, Suite 300-A
Louisville, KY 40222-5172

LOUISIANA

LA Nurse Aide Registry
P.O. Box 3767
Baton Rouge, LA 70821

MAINE

Dep. of Health & Human Services
Licensing & Regulatory Services
Maine Registry of CNA's
Augusta, ME 04333-0111

MARYLAND

Maryland Board of Nursing
CNA Registry
4140 Patterson Avenue
Baltimore, MD 21215-2298

MASSACHUSETTS

ARC/Massachusetts Nurse Aide
Program
Reciprocity Program
85 Lowell Street
Peabody, MA 01960

MICHIGAN

Send to South Dakota

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MINNESOTA

Minnesota DOH
Division of Compliance Monitoring
Nursing Assistant Registry
PO Box 64501
St. Paul, MN 55164-0501

MISSISSIPPI

Pearson VUE
MS Nurse Aide Registry
PO Box 822749
Philadelphia, PA 19182-2749

MISSOURI

Send to South Dakota

SD Board of Nursing
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Sioux Falls, SD 57106

MONTANA

Montana CNA Registry
CNA/HHA Programs
2401 Colonial Drive, 2nd Floor
PO Box 202953
Helena, MT 59620-2953

NEBRASKA

NE Hlth & Human Services
Dept. of Reg. & Licensure
PO Box 94986
Lincoln, NE 68509-4986

NEVADA

NV Board of Nursing
CNA Registry
4220 S. Maryland Pkwy, #300
Las Vegas, NV 89119

NEW HAMPSHIRE

NH Board of Nursing
21 S. Fruit Street
Concord, NH 0330

NEW JERSEY

NJ Department of Health
Div. of Health Facilities & Licensing
P.O. Box 367
120 S Stockton Street
Trenton, NJ 08625-0367

NEW MEXICO

Division of Health Improvement
Nurse Aide Registry
2040 South Pacheco Street
Santa Fe, NM 87505
Phone: (505) 476-9040

NEW YORK

Send to South Dakota

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4305 South Louise, Suite 201
Sioux Falls, SD 57106

NORTH CAROLINA

Send to South Dakota

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106

NORTH DAKOTA

ND State Dept. of Health
CNA Registry
600 E. Boulevard Avenue
Bismarck, ND 58505-0200

OHIO

OH Dept. of Health
Nurse Aide Registry
246 North High Street
Columbus, OH 43215-2412

OKLAHOMA

Oklahoma State Dept. of Health
1000 NE 10th Street
Oklahoma City, OK 73117-1299

OREGON

OR Board of Nursing
17938 SW Upper Boones Ferry Rd
Portland, OR 97224-7012

PENNSYLVANIA

Pearson VUE
PA Nurse Aide Registry
PO Box 13785
Philadelphia, PA 19101-3785

RHODE ISLAND

RI Department of Health
CNA Registry
3 Capitol Hill, Room 103
Providence, RI 02908-5097

SOUTH CAROLINA

South Carolina Nurse Registry
Pearson VUE
3 Bala Plaza West, Suite 300
Philadelphia, PA 19101-3481

SOUTH DAKOTA

SD Board of Nursing
4305 South Louise, Suite 201
Sioux Falls, SD 57106
Phone: (605) 362-2760

TENNESSEE

Tennessee Board of Nursing
Department of Health
Cordell Hull Building, 1st Floor
425 5th Ave, North
Nashville, TN 37247-0508

TEXAS

Texas Nurse Aide Registry
Mail Code E-414
P.O. Box 149030
Austin, TX 78714-9030

UTAH

Utah Nursing Assistant Registry
550 E. 300 South
Kaysville, UT 84037-2699

VERMONT

Office of Professional Regulation
VT Board of Nursing
National Life Bldg., North FL 2
Montpelier, VT 05620-3402

VIRGINIA

VA Board of Nursing
Department of Health Professions
CNA Registry
9960 Maryland Drive, Suite 300
Henrico, VA 23233

VIRGIN ISLANDS

VI Board of Nurse Licensure
P.O. Box 4247 Veterans Drive
Station St. Thomas, VI 00803

WASHINGTON

Washington State Dept. of Health
Nursing Assistant Credentialing
P.O. Box 47877
Olympia, WA 98504-7877

WEST VIRGINIA

State of West Virginia
Dep. of Health & HR
408 Leon Sullivan Way
Charleston, WV 25301-3718

WISCONSIN

WI Department of Health Services
Office of Caregiver Quality
PO Box 2969
Madison, WI 53701

WYOMING

Wyoming State Board of Nursing
CNA Registry
130 Hobbs Ave, Suite B
Cheyenne, WY 82002



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Application for entry on the South Dakota Nurse Aide Registry by Interstate Endorsement

Section A-1 -- Applicant Information (nurse aide will complete this section)

- A facility shall seek information from every state registry that the facility has reason to believe has information on the individual before allowing the individual to work as a nurse aide.
- A nurse aide shall apply for endorsement through the South Dakota Board of Nursing within 30 days of employment in this state.
- A facility may not employ a nurse aide for more than 60 days unless the aide provides proof that endorsement has been requested. **(44:74:02:04. Multistate registry verification required)**
- This application is required to implement programs authorized by §1819(f) and §1991(f) of Public Law 100-03, the Omnibus Budget Reconciliation Act of 1987.

****Incomplete forms will delay your transfer to the SD Registry and be returned to you. ****

A nurse aide seeking registry status by endorsement from another state registry shall submit to the department the following information:

- A completed application;
- Written documentation indicating successful completion of another state's approved nurse aide training and competency evaluation program;
- Verification of initial listing on the nurse aide registry in another state;
- Verification of listing on a nurse aide registry from the state of most recent employment; and
- Documentation of employment as a nurse aide within the last 24 consecutive months.

Instructions:

- Complete Section A-1.
 - When completing the application, **please print clearly.**
- Sign at the bottom to verify the information is true and correct.

Note: The South Dakota Nursing Assistant Registry will return without action incomplete requests and requests without the required documents.

| | | |
|--|---------------------------|------------------------------|
| Name (first, middle, last) (no initials): | | Maiden Name (if applicable): |
| Social Security Number : | Date of Birth (mm/dd/yy): | Other Name (if applicable): |
| Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male Ethnicity: <input type="checkbox"/> Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Other | | |

| | |
|---|--------------|
| Current Mailing Address (street, post office box, rural route, etc.): | Apartment #: |
|---|--------------|

| | | |
|--------------------------------|--------------------------------|----------------|
| City: | State: | Zip Code: |
| (Area Code) Home Phone Number: | (Area Code) Cell Phone Number: | Email Address: |

| |
|-----------------------------|
| State Originally Certified: |
|-----------------------------|

| | |
|--|---------------|
| I authorize any facility/agency I am/was employed at to furnish the SD Nursing Aide Registry the information that they request. Signature of Nurse Aide: | Today's Date: |
|--|---------------|

Nurse Aide: Please send this completed form and any attachments to the South Dakota Board of Nursing.



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Section A-2 – Nurse Aide will complete this section

| | | |
|---|----------------------------|--------------------------------|
| Name (first, middle, last) (no initials): | | |
| Social Security Number: | Date of Birth (mm/dd/yy): | |
| State Originally Certified: | State Currently Certified: | Current State Registry Number: |

**Section A-3 -- State Nurse Aide Registry Information
(the State were you first registered as a nurse aide will complete this information)**

NURSE AIDE APPLICANT: Send this form (page 4) to the State were you first initially certified as a nurse aide, so they may complete Section A-3.
- Contact information for state registries is available on the second page of this endorsement application packet.

EXCEPTIONS: If AZ, CA, CO, IL, MI, MO, NY or NC is your original state of certification;
Please send this form directly to the South Dakota CNA Registry.

Instructions:

1. Please do not remove attached documents.
2. Check or complete all items that apply.
3. Affix official agency stamp or seal.
4. Have authorized person sign and date the bottom of Section A-3.
5. Return this request to the South Dakota Nursing Assistant Registry at the address above (do not return to the nurse aide).

- ☐ The information on this application is accurate; this person is listed on the Nurse Aide Registry in our state.
- ☐ The above-named person is not listed on the Nurse Aide Registry in our state.

| | |
|----------------------------------|--|
| CNA Training Agency: | CNA Testing Service: |
| Location: | Location: |
| Date of Written Exam (mm/dd/yy): | Date of Manual Skills Exam (mm/dd/yy): |

Is there a record of abuse, neglect, misappropriation, or pending action?
If so, please give a brief

☐ Yes (please attach copies of the documentation) ☐ No

| | | |
|---|-------|------------------------------------|
| Signature of State Nurse Aide Registry Representative | | Affix State Stamp Or Seal here. |
| Title | | |
| Agency | State | |
| Date | | |

Agency Representative: Please mail this completed form and any attachments to the South Dakota Board of Nursing (do not return to nurse aide).



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Employment Verification for Interstate Endorsement

Section A-4 -- Applicant Information: (nurse aide will complete this section)

Instructions:

1. Complete section A-4 and sign that the information is true and correct.
2. Send section A-4 & A-5 (page 5) to your previous employer, so they can complete Section A-5 (Employment Verification).
 - In order to maintain active status on the SD Registry, you must provide documentation of employment as a nurse aide for monetary compensation within the last 24 consecutive months.
***Please note** that volunteer hours do not qualify towards employment hours.*
 - If there has been a gap of more than two years in your employment as a nurse aide, you must retrain and retest.

****Failure to provide information may result in denial to be placed on the South Dakota Registry****

| | |
|--|-----------------------------------|
| Name (first, middle, last) (no initials) | Other Names Used (if applicable): |
| Social Security Number: | Date of Birth (mm/dd/yy): |

☐ Yes ☐ No I have been employed for monetary compensation as a nurse aide within the last 24 months.

☐ Yes ☐ No Do you have a record of abuse, neglect, misappropriation, or is there any pending action?

I authorize any facility/agency I am/was employed at to furnish the SD Nursing Aide Registry the information that they request.

Signature of Nurse Aide:

Today's Date:

Section A-5 -- Employment Verification (previous employer will complete this section)

Instructions:

- Complete the following information (print or type)
- Once employer has completed A-5, please submit application (page 5) to the SD Board of Nursing.

DATES OF EMPLOYMENT: FROM _____ **TO** _____ (If presently employed, use "present")

Total number of hours worked during this period: _____

☐ This nurse aide has no record of abuse, neglect, or misappropriation, nor is there any pending action.

☐ I affirm that, to the best of my knowledge, all information provided on this verification is complete, true, and correct.

| | | | |
|------------------------------|------------|------|--|
| Employer: | Address: | | |
| City, State, Zip: | Telephone: | | |
| Signature of DON or Designee | Title | Date | |

Employer: Please send this completed form and any attachments to the South Dakota Board of Nursing.